SHADY LANE NURSING CARE CENTER

MANITOWOC 54220 Phone: (920) 682-8254		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	168	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	168	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	168	Average Daily Census:	165

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 	% 	. 5 1	\{\bar{\}}		14.3 45.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0		0.6	•	28.6	
Day Services	No	Mental Illness (Org./Psy)	34.5		5.4	•	88.7	
Respite Care Adult Day Care	Yes No		0.0		25.6 55.4	   *******************	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.6	95 & Over	13.1	Full-Time Equivalent		
Congregate Meals No				0		, Lon		
Home Delivered Meals Other Meals	No No	Fractures   Cardiovascular	0.6 23.2	   65 & Over	100.0 99.4	(12/31/03) 		
Transportation	No	Cerebrovascular	10.7			RNs	10.0	
Referral Service	No	Diabetes	2.4	Gender	용	LPNs	4.8	
Other Services	No	Respiratory	4.2			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	23.8	Male	35.1	Aides, & Orderlies	33.6	
Mentally Ill	No			Female	64.9			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0	I		
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## Method of Reimbursement

		Medicare			Medicaid 'itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	13	100.0	348	109	96.5	113	0	0.0	0	42	100.0	148	0	0.0	0	0	0.0	0	164	97.6
Intermediate				4	3.5	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	2.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		113	100.0		0	0.0		42	100.0		0	0.0		0	0.0		168	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condit	lons, Services, ar	nd Activities as of 12/	31/03 
beating builting kepoliting reliou					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.4		69.0	28.6	168
Other Nursing Homes	5.1	Dressing	8.9		76.8	14.3	168
Acute Care Hospitals	86.4	Transferring	20.2		69.6	10.1	168
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.7		67.9	15.5	168
Rehabilitation Hospitals	0.0	Eating	38.7		48.2	13.1	168
Other Locations	5.9	******	*****	*****	*****	*******	*****
Total Number of Admissions	118	Continence		용	Special Treatmer	nts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	6.0	Receiving Resp	piratory Care	5.4
Private Home/No Home Health	46.5	Occ/Freq. Incontinen	t of Bladder	56.5	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	38.7	Receiving Suct	tioning	0.0
Other Nursing Homes	1.8				Receiving Osto	omy Care	0.6
Acute Care Hospitals	7.0	Mobility			Receiving Tube	e Feeding	0.6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	nanically Altered Diets	39.9
Rehabilitation Hospitals	0.0						
Other Locations	12.3	Skin Care			Other Resident (	Characteristics	
Deaths	32.5	With Pressure Sores		2.4	Have Advance I	Directives	100.0
Total Number of Discharges		With Rashes		11.3	Medications		
(Including Deaths)	114				Receiving Psyc	choactive Drugs	44.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	orofit	100	-199	Ski	lled	Al	1
	Facility	-		Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.2	94.0	1.04	87.2	1.13	88.1	1.11	87.4	1.12
Current Residents from In-County	97.0	77.2	1.26	78.9	1.23	69.7	1.39	76.7	1.26
Admissions from In-County, Still Residing	35.6	23.9	1.49	23.1	1.54	21.4	1.66	19.6	1.81
Admissions/Average Daily Census	71.5	101.9	0.70	115.9	0.62	109.6	0.65	141.3	0.51
Discharges/Average Daily Census	69.1	102.4	0.67	117.7	0.59	111.3	0.62	142.5	0.49
Discharges To Private Residence/Average Daily Census	32.1	39.2	0.82	46.3	0.69	42.9	0.75	61.6	0.52
Residents Receiving Skilled Care	97.6	96.3	1.01	96.5	1.01	92.4	1.06	88.1	1.11
Residents Aged 65 and Older	99.4	97.2	1.02	93.3	1.07	93.1	1.07	87.8	1.13
Title 19 (Medicaid) Funded Residents	67.3	64.2	1.05	68.3	0.98	68.8	0.98	65.9	1.02
Private Pay Funded Residents	25.0	25.9	0.97	19.3	1.29	20.5	1.22	21.0	1.19
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	34.5	38.5	0.90	39.6	0.87	38.2	0.90	33.6	1.03
General Medical Service Residents	23.8	20.1	1.18	21.6	1.10	21.9	1.09	20.6	1.16
Impaired ADL (Mean)	49.6	51.0	0.97	50.4	0.98	48.0	1.03	49.4	1.00
Psychological Problems	44.0	53.0	0.83	55.3	0.80	54.9	0.80	57.4	0.77
Nursing Care Required (Mean)	7.5	7.7	0.97	7.4	1.01	7.3	1.03	7.3	1.03